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T-356 P.02/03 F-089

PART B - FEE(S) TRANSMITTAL

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21091 7590 02/06/2006

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Kathleen L. Bookley

(Depositor's name)

Kathleen L. Bookley

(Signature)

April 24, 2006

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
09/940,283	08/27/2001	Gust H Bardy	032580 0003 UTL	8060

TITLE OF INVENTION: DUCKBILL-SHAPED IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR CANISTER AND METHOD OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MULLEN, KRISTEN DROESCH	3766	607-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cameron Health, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

San Clemente, California

Please check the appropriate assignee category or categories (will not be printed on the patent). ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies one (1)

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0413 (enclose an extra copy of this form)

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature

Date

4/24/06

Typed or printed name

David M. Crompton

Registration No.

36,772

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PTOL-85 (Rev. 01/06) Approved for use through 04/30/2007.

OMB 0651-0033

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PAGE 2/3 * RCVD AT 4/24/2006 4:31:34 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-1/18 * DNIS:2732885 * CSID:+6123599349 * DURATION (mm:ss):01:28

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FAX TRANSMISSION COVER LETTER

TO: Commissioner for Patents
Attn: Mail Stop Issue Fee
P.O. Box 1450
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DATE: April 24, 2006
FROM: David M. Crompton
OUR REF: 1201.1105101
TELEPHONE: 612-677-9050

Total pages, including cover letter: 3

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Title of Document(s) Transmitted: ISSUE FEE TRANSMITTAL IN DUPLICATE

Applicant: Gust H. Bardy et al.

Serial No.: 09/940,283

Filed: August 27, 2001

Group Art Unit: 3766

Our Ref. No.: 1201.1105101

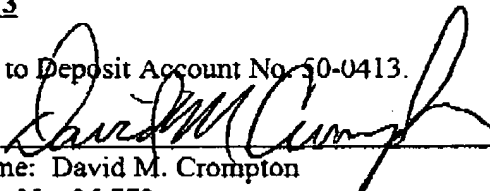
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I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.


Name: Kathleen L. Boekley

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